



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032-2388

April 10, 2019

Anchor of Hope AFH 2 LLC
Anchor of Hope AFH 2 LLC
15845 SE Fairwood Blvd
Renton, WA 98058

RE: Anchor of Hope AFH 2 LLC License #753122

Dear Provider:

The Department completed a follow-up inspection and complaint investigation of your Adult Family Home on April 8, 2019 for the deficiency or deficiencies cited in the report/s dated March 18, 2019 and found no deficiencies.

The Department staff who did the inspection:
Pamela Osterman, Complaint Investigator

If you have any questions please, contact me at (253) 234-6033.

Sincerely,

Bennetta Shoop, Field Manager
Region 2, Unit E
Residential Care Services



**Residential Care Services
Investigation Summary Report**

Provider/Facility: Anchor of Hope AFH 2 LLC (966825) **Intake ID(s):** 3620795

License/Cert. #: AF753122

Investigator: Osterman, Pamela

Region/Unit: RCS Region 2/Unit E

Investigation Date(s): 03/08/2019 through 03/18/2019

Complainant Contact Date(s): 03/18/2019

Allegations:

- #1. AFH staff take named residents food away.
 - #2. Named resident does not get enough water/beverages and food at AFH.
 - #3. Named resident does not get ensure.
 - #4. AFH takes the phone from named resident.
 - #5. Named resident does not see the physical therapist (P.T.).
 - #6. Named resident needs help with constipation.
-

Investigation Methods:

Sample: residents

Interviews: residents
provider
caregiver

Observations: AFH: caregiver/resident interaction

Record Reviews: AFH: negotiated care plan (NCP), assessment, medication administration record (MAR), record of daily care abuse policy



**Residential Care Services
Investigation Summary Report**

Allegation Summary:

- #1. On AFH tour residents (including named resident) (NR) were observed eating a meal. Caregiver/resident interaction appropriate. Two residents (including NR) said they had no quality of care concerns.
- #2. Department staff (DS) observed water, juice and, food at NR's bedside. NR said they received enough water, juice & food. Caregiver said NR asked to have three different meals before lunch time today, (refusing last meal requested). DS noticed different food items on NR's plate during DS visit. Provider said the residents eat well and can have a second portion. DS observed a variety of food in the AFH.
- #3. Provider said NR's representative brought a supplement drink to AFH for NR. NR said they do not receive a supplement drink. Record did not show an order for NR to have a supplement drink.
- #4. NR said they can use the AFH phone anytime. Provider said NR can use AFH phone anytime. Provider & caregiver said they do not take the phone from NR.
- #5. Provider said NR's representative arranges all medical appointments. Provider said NR does not have a P.T. order. NR's representative said NR has a doctor appointment in next few weeks.
- #6. Record of AFH care showed NR is using the toilet regularly with results.
Record of assessment /NCP up to date.
Record showed AFH had an adequate abuse policy. Record showed staff background check had no criminal record. Record of resident's daily care up to date. Record of MAR not up to date.

Unalleged Violation(s): **Yes** **No**

residents medication administration records were not up to date.

Conclusion / Action: **Failed Provider Practice Identified / Citation(s) Written**

Failed Provider Practice Not Identified / No Citation Written

see statement of deficiencies dated 03-18-19.



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RECEIVED
 MAR 28 2019
 DSHS/AL TSA/RCS

Statement of Deficiencies	License #: 753122	Completion Date
Plan of Correction	Anchor of Hope AFH 2 LLC	March 18, 2019
Page 1 of 2	Licensee: Anchor of Hope AFH 2 LLC	

You are required to be in compliance with all of the licensing laws and regulations at all times to maintain your adult family home license.

The department has completed data collection for the unannounced on-site complaint investigation of: 3/8/2019

Anchor of Hope AFH 2 LLC
 15845 SE Fairwood Blvd
 Renton, WA 98058

This document references the following complaint number: 3620795

The department staff that inspected and investigated the adult family home:
 Pamela Osterman, Complaint Investigator

From:
 DSHS, Aging and Long-Term Support Administration
 Residential Care Services, Region 2, Unit E
 20425 72nd Avenue S, Suite 400
 Kent, WA 98032-2388
 (253)234-6033

As a result of the on-site complaint investigation the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

	<u>03/19/2019</u>
Residential Care Services	Date

I understand that to maintain an adult family home license I must be in compliance with all the licensing laws and regulations at all times.

	<u>3/26/19</u>
Provider (or Representative)	Date

RECEIVED
MAR 28 2019

DSHS/ALTS/IRCS

WAC 388-76-10475 Medication Log. The adult family home must:

- (1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.
- (3) Ensure the medication log includes:
 - (a) Initials of the staff who assisted or gave each resident medication(s);

This requirement was not met as evidenced by:

Based on interview and record review the adult family home (AFH) failed to keep an up to date medication log for six of six residents, (Resident #1, Resident #2, Resident #3, Resident #4, Resident #5 and, Resident #6). This failure resulted in possible harm of residents not receiving prescribed medications and a worsened medical condition.

Findings included...

During an interview 03/08/19 around 1:45 PM, the Entity Representative (ER) stated that Resident #1, Resident #2, Resident #3, Resident #4, Resident #5 and, Resident #6 required medication administration assistance. Department staff reviewed residents undocumented MAR's with the ER. The ER stated that staff need better documentation by using their staff initials when giving medication to the residents.

Record review on 03/08/19 showed Resident #1, Resident #2, Resident #3, Resident #4, Resident #5 and, Resident #6's March, 2019 medication administration record (MAR) having various dates and times of prescribed routine medications. Record of these March MAR's showed various blank spaces where initials are to be documented when the medication is given to a resident.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Anchor of Hope AFH 2 LLC is or will be in compliance with this law and / or regulation on (Date) 3/26/19. In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

Provider (or Representative)

Date